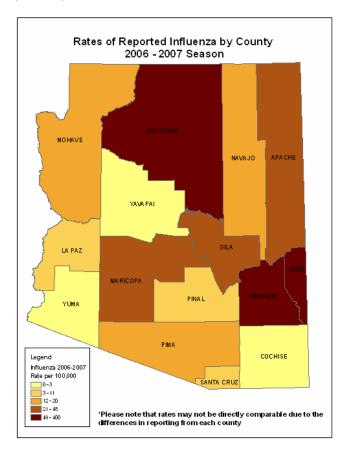
# ARIZONA – ANNUAL INFLUENZA SUMMARY 2006-2007 Influenza Season – Posted 11/5/07

## **Annual Influenza Summary:**

The 2006-2007 influenza season was notably mild both nationally and in Arizona. National influenza surveillance data are available at the CDC's Influenza Surveillance site: http://www.cdc.gov/flu/weekly/fluactivity.htm.

## **Influenza Activity by County:**

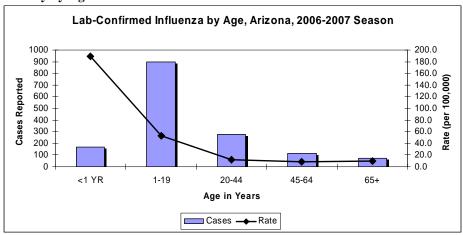


Some counties experienced higher rates of flu than others. Coconino, Graham and Greenlee counties had the highest rates of influenza in the state followed by Maricopa, Apache and Gila. These differences may be due in part to a difference in reporting between the counties.

Lab Confirmed Influenza Cases Reported by County - 2006-2007 Season [1,663 cases]

County	# cases	County	# cases	County	# cases
Apache	36	Greenlee	33	Pima	195
Cochise	4	La Paz	2	Pinal	19
Coconino	91	Maricopa	1065	Santa Cruz	5
Gila	26	Mohave	22	Yavapai	7
Graham	137	Navajo	21	Yuma	0

## Influenza Activity by Age:

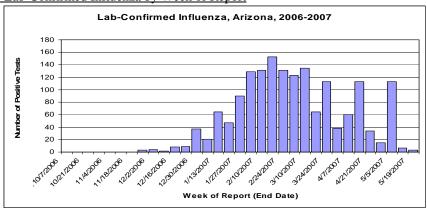


## Lab Surveillance:

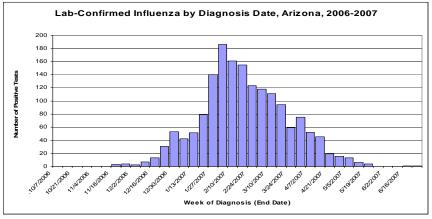
Laboratories report positive influenza tests to ADHS. Of the 1663 lab-confirmed influenza cases reported in the 2006-2007 season, 1116 were influenza A (451 confirmed by culture or PCR), 355 were influenza B (163 confirmed by culture or PCR), and 192 were unknown.

Some lab results were reported after significant delay creating dips in the graph of lab-positive cases by week of report (Graph A). By looking at these data by week of diagnosis, it is easier to see the influenza trends in Arizona for the 2006-2007 season (Graph B).

Graph A: Lab-Confirmed Influenza by Week of Report



Graph B: Lab-Confirmed Influenza by Week of Diagnosis



## **Subtyping – Culture or PCR Results:**

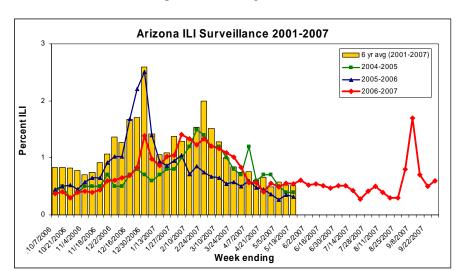
Viral isolation, or culture, is currently the "gold standard" for diagnosis of influenza virus infections. The influenza subtype can be determined by a test called hemagglutination inhibition (HI) using viral isolates. Polymerase chain reaction (PCR) can also be used to identify influenza B and the hemagglutinin (H) component of influenza A.

Of the 451 culture- or PCR-confirmed influenza A cases, 108 are H1N1, 127 are H1 by PCR, 10 are H3N2, 21 are H3 by PCR, and 185 have not been subtyped. Of the 163 culture- or PCR-confirmed influenza B cases, five are B/Shanghai, 38 are B/Malaysia, and 120 have not been subtyped.

## Influenza-Like Illness (ILI) Surveillance from Sentinel Providers

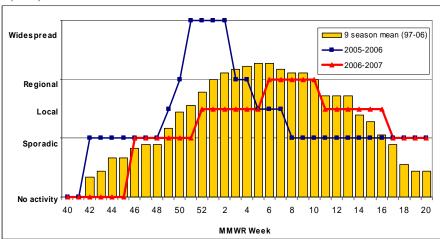
The proportion of patient visits to sentinel providers for ILI in the state peaked at 1.4% just after the new year and again reached 1.4% in mid-February. This value is roughly three times the baseline average of ILI in Arizona. As compared to the six year average, however, the ILI was quite low indicating a mild influenza season. There was another peak seen in September in both northern and southern regions of the state but no cases of influenza were reported during this time.

ILI is defined as a fever of at least 100°F plus either a cough or a sore throat.



#### Historical Arizona Influenza Activity Levels

The graph below shows the influenza activity levels reported to the CDC this season in comparison to the last season and eight previous seasons. Definitions of these reporting categories can be found at <a href="http://www.cdc.gov/flu/weekly/fluactivity.htm">http://www.cdc.gov/flu/weekly/fluactivity.htm</a>. \*Note MMWR week corresponds with the week of the calendar year (1-52).

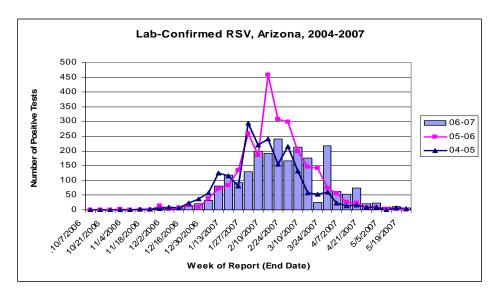


#### **Pediatric Influenza Deaths**

Two influenza-associated pediatric deaths were reported in Arizona in the 2006-2007 season. Both occurred in the early latter half of the season. One involved infection with influenza A and the other influenza B.

## **RSV** Activity in Arizona:

During the 2006-2007 season, ADHS received 2205 reports of laboratory confirmed cases of respiratory syncytial virus (RSV).



As with influenza, there was at times significant delay in the reporting of cases of RSV to public health. An examination of the data by week of diagnosis demonstrates a more accurate picture of the RSV trend for 2006-2007.

